



Educational Interpreter Cohort Application

Date: _____

Date Application Received: _____

Personal Information

First Name: _____

Last Name: _____

Personal Address: _____

City: _____ State: _____ Zip: _____

Personal Telephone Number: _____ Personal Email: _____

Total Interpreting Years of Experience (including non-educational): _____

Highest Level of Education: _____ Major/Content Area: _____

Educational Experiences Related to Interpreting: _____

Licensure/Certification: Please check all that apply

<input type="checkbox"/>	RID Certification	<input type="checkbox"/>	ODE Associate License	<input type="checkbox"/>	EIPA Rating : _____	<input type="checkbox"/>	Not Currently Licensed
<input type="checkbox"/>	NID Certification	<input type="checkbox"/>	ODE Sub License	<input type="checkbox"/>	EIPA Written	<input type="checkbox"/>	Other: _____

Work Information

Agency/District: _____ School Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Telephone Number: _____ Work Email: _____

Total Years of Educational Interpreting: _____ Total Years at Current Assignment: _____

Program Structure (please circle): Inclusion Mainstream Resource Room D/HH Program

How many interpreters at your location? _____ How many in your district? _____

Resources available in your district: _____

Name of Direct Supervisor: _____ Position: _____

Direct Supervisor Telephone Number: _____

Direct Supervisor Email: _____ Is Direct Supervisor on site? Yes No

Student Information

Number of students you interpret for: _____ Grade Levels of students: _____

Do you interpret in (please circle all that apply): 1:1 small groups large group environments?

My student communicates with others using (please circle all that apply):

ASL PSE SEE SimCom/Total Communication Spoken Language

My student gets information from others using (please circle all that apply):

ASL PSE SEE SimCom/Total Communication Spoken Language

References

Please list 3 references, with a minimum of 2 being professional.

Name: _____ Relationship: _____

Email: _____ Phone Number: _____

Name: _____ Relationship: _____

Email: _____ Phone Number: _____

Name: _____ Relationship: _____

Email: _____ Phone Number: _____

Supervisor Permission

If selected, participation in the Educational Interpreter Cohort will include professional development, onsite consultation, and other educational opportunities. While every attempt will be made to not disrupt daily work schedules, this may be unavoidable on a limited basis. Upon acceptance, expectations of the program and benefits to the district will be sent to administrators and applicants for review. Signing below grants the Cohort Committee permission to consider this application for acceptance.

Applicants Name (please Print): _____ Supervisors Name (please Print): _____

Applicants Signature: _____ Supervisors Signature: _____

Date: _____ Date: _____

Completed Application Requirements

To complete your application please include the following items

- Completed Educational Interpreter Cohort Application
 - o Must be signed by Applicant and Administrator
- 2017-2018 district school year calendar
- Cover Letter addressing professional accomplishments, current professional needs, and purpose for applying for the cohort.

Completed applications should be mailed to

Interpreting Department
Re: Educational Interpreting Cohort
500 Morse Road
Columbus, Ohio 43214